

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND										
1 Date of Request: <u>6/28/05</u>		2 Serial/Patent # <u>10/064,382</u>								
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT						
	Filing			\$						
	Amendment			\$						
	Extension of Time			\$						
	Notice of Appeal/Appeal			\$						
	Petition			\$						
<input checked="" type="checkbox"/>	Issue (1999)	9	11/28/03	\$1309.00						
	Cert of Correction/Terminal Disc.			\$						
	Maintenance			\$						
	Assignment			\$						
	Other			\$						
			7 TOTAL AMOUNT OF REFUND							
			\$1309.00							
8 TO BE REFUNDED BY:										
10 REASON:		Treasury Check								
<input checked="" type="checkbox"/>	Overpayment	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px; text-align: center;">--</td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					--			
		--								
	No Fee Due (Explanation):									
<div style="font-family: cursive; font-size: 1.2em;">The Issue Fee was paid 8/8/03. A partial payment was again charged on 12/5/03.</div>										
11 REFUND REQUESTED BY:										
TYPED/PRINTED NAME: <u>Nancy Johnson</u>			TITLE: <u>Sr. Petitions Att.</u>							
SIGNATURE: <u>Nancy Johnson</u>			PHONE: <u>571-272-3219</u>							
OFFICE: <u>Petitions</u>										
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****										
APPROVED: <u>Alvin Kelle</u>			DATE: <u>6/28/05</u>							

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**